24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

SCHEDULE E)	PAGE 1 OF 1 FOR SE OF FORM 24/48
NAME OF COMMITTE (In Full)	FEC IDENTIFICATION NUMBER ▼
American Crossroads	C C00487363
Check If 24-hour report 48-hour report New report Amends report filed on	M / D D / Y B Y B Y
Full Name (Last, First, Middle Initial) of Payee MENTZER MEDIA Date	
	06 / 11 / 2012
City State Zip Code TOWSON MD 21286	128034.56
	ction ID : E.001 ht: House State: NE Senate District:
Name of Federal Candidate Supported or Opposed by Expenditure: BOB KERREY Check One:	President Oppose
Calendar Year-To-Date Per Election for Office Sought Disbursemer 2012 Ot	nt For: Primary General her (specify)
	06 13 Y Y Y Y Y Y
Mailing Address 3299 K STREET NW, STE 200 Amoun	nt
City State Zip Code WASHINGTON DC 20007 Transa	11749.10 ction ID : E.002
Purpose of Expenditure TV / MEDIA PRODUCTION Category/ Type Office Sough	House State: NE Senate District: President
Name of Federal Candidate Supported or Opposed by Expenditure: BOB KERREY Check One:	Support Oppose
Calendar Year-To-Date Per Election for Office Sought 139783.66 Disbursemer 2012 Ot	nt For: Primary General her (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	139783.66
(b) SUBTOTAL of Unitemized Independent Expenditures	711717
(c) TOTAL Independent Expenditures	139783.66
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	
Caleb Crosby [Electronically Filed] Date 06	14 2012